Fill in this information	to identify your case:	
Debtor 1	Frank Eugene Silver	_
Debtor 2 (Spouse, if filing)	Kelly Sue Silver	_
United States Bankrup	otcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	_
	15-bk-02808	Check if this is:
(If known)		An amended filing
		A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u> B 6l</u>	MM / DD/ YYYY
0-1-1-1-1	V I	

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

αı	Describe Employment			
۱.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	☐ Employed	■ Employed
	attach a separate page with information about additional	Employment status	■ Not employed	☐ Not employed
	employers.  Include part-time, seasonal, or	Occupation	Disabled	Occup Vocational Rehab Counselor
	self-employed work.	Employer's name		Commonwealth of Pennsylvania
	Occupation may include student or homemaker, if it applies. <b>Employer's address</b>			300G Laird St. Wilkes Barre, PA 18702
		How long employed the	here?	3 years

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,038.26 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 0.00 4,038.26

Official Form B 6I **Schedule I: Your Income** page 1

Case number (if known)

5:15-bk-02808

				For	Debtor 1		For Debtor		
	Сору	/ line 4 here	4.	\$	0.00	_		,038.26	_
5.	l ist s	all payroll deductions:						-	_
Ο.		• •	Fo	¢.	0.00		<b>c</b>	740 72	
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	0.00		\$	710.73	_
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00		\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00		\$	33.33	_
	5d.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$_ \$	0.00		\$ \$	134.74	
	5e. 5f.	Domestic support obligations	5f.	<b>\$</b> -	0.00		\$	133.34	_
	5g.	Union dues		\$ _	0.00		\$	52.50	_
	5g. 5h.	Other deductions. Specify:	5g. 5h.+	٠			\$	0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	Ψ \$	0.00				_
o. 7.			o. 7.	Φ \$	-		·	,064.64	_
		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ_	0.00		P	,973.62	<u>-</u>
8.	List a 8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00		\$	0.00	<u>.                                    </u>
	8b.	Interest and dividends	8b.	\$	0.00		\$	0.00	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8c. 8d.	\$_ \$_	0.00 0.00	,	\$ \$	0.00 0.00	_
	8e.	Social Security	8e.	\$_	1,079.00		\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Children's Social Security VA Benefits	_ 8f.	\$_ \$	352.00 3,268.12		\$ 	0.00	_
	8g.	Pension or retirement income	- 00	\$ -	0.00		\$ \$	0.00	_
	8h.	Other monthly income. Specify: Average tax refund	8g. 8h.+	_			\$	0.00	_
	OII.	Mileage	_ 011.1	<b>\$</b> -	299.25		\$	0.00	_
		mileage	- ,	Ψ_	299.25	_	<u> </u>	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,406.37	L	\$	0.0	0
10	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		5,406.37 + \$		2,973.62	= \$	8,379.99
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	· · · · · ·		3,400.37		2,373.02		0,51 3.33
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a sify:	depend				in Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines						\$Combi	8,379.99 ned
40	_							month	ly income
13.	Do y∈	ou expect an increase or decrease within the year after you file this form?  No.	<b>,</b>						
		Yes. Explain: For the purpose of determining disposable incom	ne, the	e ma	le Debtor's So	cia	al Security	y incon	ne of

\$1079.00 will be exempted per means test calculation.

	n this inform	nation to identify yo	our case:					
Debt	tor 1	Frank Euger	ne Silver			Che	eck if this is:	
							An amended filing	
Debt	tor 2	Kelly Sue Si	lver					ving post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unite	ed States Ban	kruptcy Court for the	: MIDDL	E DISTRICT OF PENNSYL	VANIA		MM / DD / YYYY	
Case	e number 🙎	5:15-bk-02808					A separate filing for	Debtor 2 because Debtor
(If kr	nown)	5.10 BR 02000				_	2 maintains a sepa	
Of	ficial F	orm B 6J						
		e J: Your	Exper	nses				12/13
Be a	as complete rmation. If nber (if kno	e and accurate as more space is ne wn). Answer eve	s possible eded, atta ry questio	. If two married people ar ich another sheet to this				
Part		cribe Your House	hold					
1.	Is this a jo							
	□ No. Go							
		oes Debtor 2 live	ın a separ	ate nousenoid?				
	□		st file a sep	parate Schedule J.				
2.	Do you ha	ve dependents?	□ No					
	Do not list Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not stat	te the						□ No
	dependent				Son		6	■ Yes
								□ No
					Son		12	Yes
								□ No
								Yes
								□ No
3.	Do your o	vnancas inaluda	_					☐ Yes
J.	expenses	xpenses include of people other t nd your depende	:han 👝	No Yes				
Part	2: Esti	mate Your Ongoi	ng Month	ly Expenses				
exp	imate your on the second in th	f a date after the	our bankr bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this form lemental <i>Schedule J</i> ,	as a s check t	upplement in a Cha the box at the top o	pter 13 case to report f the form and fill in the
the		ch assistance an		government assistance it cluded it on <i>Schedule I:</i> Y			Your expe	enses
4.	The rental	or home owners		ses for your residence. In	nclude first mortgage	4.	\$	1,200.00
		and any rent for th  uded in line 4:	c ground t	, IOC.		••		<u> </u>
							_	
		l estate taxes		4- 1		4a.	:	0.00
		perty, homeowner's				4b.	:	0.00
		ne maintenance, re neowner's associa				4c. 4d.	· ———	100.00 0.00
5.				our residence, such as ho	me equity loans	4u. 5.		0.00

Official Form B 6J Schedule J: Your Expenses page 1

	tor 1 tor 2	Frank Eu Kelly Suc	gene Silver e Silver	Case num	ber (if known)	5:15-bk-02808		
6.	Utilit	ies:						
	6a.	Electricity,	heat, natural gas	6a.	\$	400.00		
	6b.	Water, sev	ver, garbage collection	6b.	\$	82.00		
	6c.	Telephone	, cell phone, Internet, satellite, and cable services	6c.	\$	600.00		
	6d.	Other. Spe	cify:	6d.	\$	0.00		
7.	Food	and house	keeping supplies	7.	\$	1,000.00		
8.	Child	dcare and c	hildren's education costs	8.	\$	0.00		
9.	Cloti	hing, laundı	y, and dry cleaning	9.	\$	120.00		
10.	Pers	onal care p	roducts and services	10.	\$	100.00		
11.	Medi	ical and der	ntal expenses	11.	\$	120.00		
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.								
		ot include ca		12.	\$	600.00		
13.	Ente	rtainment, o	clubs, recreation, newspapers, magazines, and books	13.	\$	125.00		
14.	Char	ritable conti	ibutions and religious donations	14.	\$	200.00		
15.	Insu	rance.						
			surance deducted from your pay or included in lines 4 or 20.		_			
		Life insura		15a.		0.00		
	15b.	Health insu	urance	15b.	\$	0.00		
	15c.	Vehicle ins	surance	15c.	\$	0.00		
	15d.	Other insu	rance. Specify: Vehicle and rental insurance	15d.	\$	469.73		
	Spec	cify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00		
17.			ase payments:	47-	Φ.	202.00		
			ents for Vehicle 1	17a.	·	380.00		
			ents for Vehicle 2	17b.	\$	390.00		
			cify: Furniture lease payment	17c.	\$	354.77		
			cify: Washer lease payment	17d.	\$	90.00		
	dedu	icted from y	of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 6I).	<b>1</b> 8.	\$ \$	0.00		
19.			you make to support others who do not live with you.	40	Ф	0.00		
20	Spec	·	erty expenses not included in lines 4 or 5 of this form or on Sch	19.	Income			
20.			on other property	20a.		0.00		
		Real estate	,	20b.	·	0.00		
			omeowner's, or renter's insurance	20c.	· -	0.00		
			ce, repair, and upkeep expenses	20d.	·			
			er's association or condominium dues		·	0.00		
04				20e.	\$	0.00		
21.		r: Specify:	Haircuts	21.	+\$	100.00		
			ance and repair		+\$	200.00		
		arettes			+\$	426.00		
		erinarian			+\$	70.00		
	Sch	ool lunche	S		+\$	144.00		
22.		-	kpenses. Add lines 4 through 21. monthly expenses.	22.	\$	7,271.50		
23.		•	nonthly net income.					
			12 (your combined monthly income) from Schedule I.	23a.	\$	8,379.99		
			monthly expenses from line 22 above.	23b.		7,271.50		
						7,271.00		
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,108.49		
24.	For exmodif	xample, do yo	In increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you erms of your mortgage?			ease or decrease because of a		
	■ N							
	☐ Yo							

## United States Bankruptcy Court Middle District of Pennsylvania

In re	Frank Eugene Silver Kelly Sue Silver		Case No.	5:15-bk-02808	
		Debtor(s)	Chapter	13	

## DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	1 1 1 1		ad the foregoing summary and schedules, consisting e best of my knowledge, information, and belief.
Date	May 4, 2017	Signature	/s/ Frank Eugene Silver Frank Eugene Silver
Date	May 4, 2017	Signature	/s/ Kelly Sue Silver Kelly Sue Silver
			Joint Debter

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.